



A MULTIDISCIPLINARY APPROACH TO SUICIDE TOURISM

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Abstract

In this study, it is aimed to enlighten the fact of suicide tourism putting forth the approach of the different disciplines to the suicide tourism. The study consists of three chapters. First of all, euthanasia and assisted suicide topics were dealt with. Later, the approach of the religions to the suicide was explained, and the eastern and western points of views were examined. The last part of the article is on the suicide tourism. Describing the suicide and death tourism, the different applications in different countries were analyzed, and examples of assisted suicidal attempts were presented. Dignitas Organization in Switzerland which is the central point of suicide tourism was evaluated. The future of suicide, and suicidal tourism were interpreted in terms of religion, sociology, health and tourism, and some advices were made.

Key Words: Suicidal Tourism, Death Tourism, Health Tourism, Assisted Suicide, Dignitas Clinic

Introduction

In recent years, the concept of death has gained a different dimension as a result of rapid advances occurred in medicine and technology. As a result of medical procedures performed on patients in the terminal stage of life, patients have been provided to live longer with intensive care facilities and expected life span has extended. These developments have led the discussion of also the concept of euthanasia in recent years (Türkmen, 2013). At first, the concept of euthanasia which was the focus of attention of disciplines of medicine, sociology and religion has also brought along with discussion into the agenda of the tourism sector in recent years.

Literature Review

The Concept of Euthanasia and Its History

Euthanasia was created by combining the words "Eu" (good) and "Thanatos" (death) in ancient Greek (Dieter, 2015). The medical definition of euthanasia which means "comfortable and serene death", "painless and pleasant death", "permission to death", "medicalisation of suicide" and "mercy killing" according to dictionary definition (Akbaş, 2010) is leaving the patient for death by terminating medical aid or medical killing of a person whom medicine cannot heal with the facilities it has and cannot also provide with a qualified life for (Atabek and Değer, 2000).

The history of euthanasia goes back to ancient ages. In this age, it was emphasized that the task of the physician was not only to heal the patients but also to ease the pain of patients whom he could not cure (Terzioğlu, 1993). It is known that individual suicide was common in ancient times. This case is based on the fact that noble people did not want to live in a diseased body and accepted living with the challenges of aging as dishonor (İnceoğlu, 1999). Hippocratic Oath constitutes an important part about euthanasia as it represented issues of the medical world in Antiquity period. The expression of "As I will not give hemlock (poison) anybody who asks for it, I will not even recommend such kind of an action" is an evidence of the prohibition of euthanasia whatsoever the reason and existence of this kind of practices in that time (Saunders, 1994).

Euthanasia Types

Euthanasia can be studied in two parts. It is classified as active-passive and physician assisted suicide in terms of act that lead to death and it is classified as voluntary-involuntary in terms of one's volition.

Active euthanasia is described as acceleration of the death of an individual with any kind of intervention briefly and passive euthanasia is described as termination of life support treatment. That is, while there is an act of direct killing in one of them, there is an act of leaving the patient for death in the other (Cowley et al., 1992). Physician assisted suicide is being carried out with the lethal injection process by the patient himself after providing the patient with necessary information and materials to kill himself as a result of patient's explicit request. This process not only happens in the form of direct injection it may also happen by means of a device (Özkara, 2001). Voluntary euthanasia is a conscious individual's act of giving permission to euthanasia by basing on his own desire. Involuntary euthanasia is defined as the individual's

request to decide who continues treatment is the one that will make the euthanasia practice without being known what it is by the patient (Truog and Berde, 1993).

Sociological and Religious Approach to Suicide Case

According to the French sociologist Emile Durkheim's sociological theory of suicide, every death that is a direct or indirect result of a positive or negative action which is made by the patient knowing that action is fatal suicide (Durkheim, 2011). The approaches of religions that monotheistic and descendants of Prophet Abraham are as follows.

Judaism; *Pikku'ah Nefeshin* Hebrew, means protecting the life of humans; according to this fact, priority tasks of the Jewish is to be obliged to protect the life of an individual in the time of danger and under some hard conditions (Dinim, 2007). Jewish law always gives priority to the death of human in their natural flow (Alpert, 2010). The reason of contradiction that Jewish laws experience about euthanasia is the thought of Jewish cleric according to whom the patient should be kept alive and according to some others, it should be avoided extending the death process of a patient who is about to die (Roberts and Gorman, 1996). Reformists Jews groups express that medical interventions can be terminated or ended the methods such as chemotherapy that is used to control the illness of cancer as they cause pain rather than healing the patient (Robinson, 2001).

Christianity; no remedy should not be neglected as voluntary or involuntary for patients in Christianity (Flannery, 2002). According to the Church Lutheran which comes from the Protestant tradition and is spread in Germany, the USA, Canada and the Scandinavian countries, the method is abused as public control is the arduous in these situations (Evangelical Lutheran Church in America, 1992).

Islam; according to Islamic belief, putting an end to life on one's own is evaluated as sin whatsoever the reason (Doğan, 1968). In Islamic belief, the act of euthanasia is not acceptable as the patient desires to be killed by his own will in active euthanasia (Tan and Yerlikaya, 2012). Islamic law does not accept giving injections, implementing high doses of the drug or withdrawing the patient from the life support without any reason so as to kill the individual without suffering and evaluates these methods as suicide (Kalyoncu, 2011).

The approaches of three great religions from superstitious eastern religions can be summarized as follows: According to Hinduism, the individual who commit suicide give harms the processes of death and rebirth circle by interrupting these processes suddenly (Nimbalkar, 2007). In Buddhism, it is stated that euthanasia is considered as a crime and the ones who commit this offense will be have some punishments such as being excommunicated from the monastery (Keown, 2005). Jainism does not accept the euthanasia as a right since it worsens the karma, constitutes an obstacle to salvation of the individual and violates the rule of nonviolence (Biggs, 2001).

When evaluated in terms of heavenly religions and superstitious eastern religions, it can be expressed that religions do not let both suicide case and euthanasia for various reasons they put forward.

What is Suicide Tourism?

The action of an individual who desires to die in another country with the help of a person who is a physician or not is called as suicide tourism (Pathak et al., 2009). Generally, it is seen that the limits of these activities called as 'death tourism' or 'suicide tourism' are increasingly expanding (Srinivas, 2009).

Suicide Tourism is one of the most extreme examples of medical tourism. (İçöz, 2009). In theory, as a form of medical treatment assisted suicide is evaluated both a sub-component of the international tourism and a niche segment of medical tourism. However, it is not yet in a significant part in the overall concept of the medical tourism (Higginbotham, 2011). In the current academic literature, the assisted suicide issue is not available substantially with its tourism aspect, too. In tourism literature, the definition of assisted suicide tourism was just introduced (2009) by Huxtable. Huxtable drew a fine line between suicide tourism and assisted suicide tourism. He defined assisted suicide as “in a legal way, assistance of suicide travelling of an individual or individuals who will help the other person to commit suicide”. Huxtable (2009) argued that this concept is very complex and it is necessary to be discussed for its scope and to be understood instead of the suppression of the subject (Higginbotham, 2011).

Destination in Suicide Tourism

Patients desire to treatment abroad for various reasons. Procedures that are not legally recognized in their country or the state of residence are one of them (Srinivas, 2009). Legalization of assisted suicide in some European countries led people who want to die come to these countries and this fact revealed the euthanasia tourism case (Stewart et al., 2010).

Switzerland has come to the fore as an important destination for journeys made abroad with the aim of euthanasia (İçöz, 2009). The lack of residency requirement is a major cause of being the most popular death destination (Safyan, 2010; Otani, 2010). That people come from both different parts of the country and different countries here for this purpose as well led the country improve as a death tourism destination. The reason of being significantly above the world average rate of suicide in Switzerland is the fact that one out of every five suicides here is assisted suicide (Pathak et al., 2009). The study that Gauthier et al conducted in 2014 shows that the number of people who come to Switzerland to commit suicide tourism between the years 2008-2012 has increased (Gauthier et al., 2014).

Most of the people who want to receive death assistance come from Germany, the UK and France (Andorno, 2013). Especially when the first three countries are examined, political debate on the subject in these countries seems to be heavily made (Gauthier et al., 2014). More than 100 Britons have the assistance from right of death organizations located here. The issue which is called as death tourism has let heated debates begin in Switzerland (Andorno, 2013). In Zurich, a referendum which prohibits assisted suicide and suicide tourism was held and euthanasia ban for foreigners was rejected by an overwhelming majority of 78% (Switzerland: Zurich Votes, 2011). International leaders declare that their countries cannot be a growth area related to death tourism has been a case of producing a comprehensive discussion about the legitimacy of practices of terminating the life (Safyan, 2010).

Although assisted suicide is restricted legally in many countries, there is no apparent legal regulation in Switzerland. This unbalanced situation let many people flock to Switzerland just for suicide tourism. Political debates on suicide tourism have been held in Switzerland as in many countries and been medical law experts have been faced with this kind of discussion all the time (Gauthier et al., 2014). It is certain that aging of the population in the developing world and more frequent chronic diseases will increase the euthanasia tourism case. This fact will be an increasingly more significant role in the investigation of assisted suicide cases in the courts (Stewart et al., 2010).

Assisted suicide is legal for foreigners in just Switzerland, and even there, just Dignitas organization offers assisted suicide service without the requirement of residence (Callaghan, 2011). That terminally ill people visit to Switzerland to take advantage of the service offered by Dignitas, an organization that assists legal euthanasia, can be considered as the most intense form of dark tourism (Stone, 2010). In 2000, while the number of people going to Zurich to kill himself was just 3, in 2001 the number increased to 37, in 2002 it became 55 (Revill, 2003). According to the statement of the spokesman of Dignitas, more than 1,000 people went to Switzerland to die in 2010 (Foulkes, 2010).

Backstage of Suicide Tourism: Dignitas Truth

Assisted suicide is legal in Switzerland since 1941 (Callaghan, 2011). However, the absence of a precise legislation in Switzerland and sharp restrictive regulations in other European countries and imbalance between these two let people flock to Switzerland to get assistance for suicide (Gauthier et al., 2014). After Dignitas clinic was opened in Switzerland in 1998, 'death tourism' began to take place in the media as a phenomenon. Dignitas association offer people who fulfill criteria (if one suffers from an incurable or fatal disease) assisted suicide services in an organized way. Today the most discussed example is the suicide tourism trips of the British that they make to Switzerland for the implementation of the assisted suicide (Srinivas, 2009). Suicide tourists are referred to as a specific case of Switzerland. Euphemism has put into practice as meant to go to Switzerland in the UK (Gauthier et al, 2014).

There is no validated (officially registered) data directly related to assisted suicide in Switzerland. These deaths are indistinguishable from unassisted suicide in official records. Swiss head of one of the death of the community right to assisted suicide indicates that each year about 1,800 applications were received each year. Two thirds of applicants are rejected after elimination, the remaining half die of other causes and the remaining approximately 300 people are killed in suicide assisted by the community (Pathak et al., 2009).

Gauthier et al. in their study in 2014 examined 611 cases that came in order to commit suicide tourism in Switzerland between the years 2008-2012. 58.5% of those who came were women. The age range is between 23 and 97. All cases except four (Exit) are linked to Dignitas. The major health problems in resorting to suicide tourism are; neurological disorders (47%), cancer (37%) and rheumatic diseases and cardiovascular. About a third of patients admitted due to assisted suicide (28%) have more than one disease. Most of the suicide tourists came from mostly Europe and 31 different countries. Approximately half of the suicide tourists come from Germany (43.9%), from England (20.6%) and from France (10.8%) respectively. Italy, USA,

Australia and Canada follow up these countries. Death tourism has been of concern for many countries, especially between the years 2008-2012 the number of suicide tourists from Italy has doubled. (Gauthier et al., 2014).

Some activities of Dignitas about the suicide tourism (death assistance in the parking lots, etc.) have been the subject of debate in the media (Leidig and Samuel, 2007). The organization's former employees stated that the death trade was held and patients were not given sufficient time to evaluate the issues whether they want to die or not. Former employee who was a nurse expressed that she witnessed that Wernli Dignitas confiscated dead people's belongings and did not give them patients' inheritors. After 2,5 years working for Dignitas, she claimed that this organization worked as if it was a money machine instead of applying ethical euthanasia (Hall, 2009).

It has been reported that people take lethal drugs after they come to Switzerland and take a short meeting. Dignitas is charged with not being transparent enough and is suspected of receiving the inheritance of the people who want to commit suicide (Andorno, 2013). There are debates that healthy people also have suicide assistance. Conductor Sir Edward Downes and his wife made the decision of dying at the Dignitas clinic. His wife was terminally ill cancer patient but he (while he could be considered as blind) did not have a terminal stage disease (Weaver, 2009; Safyan, 2010). This is not the first charge against Dignitas on the assistance of the deaths of people who are not terminally ill (Andorno, 2013). Similarly, in September 2008, after a year the 23-year-old athlete Daniel James suffered a stroke, he decided to put an end to his life at Dignitas'. On the grounds that Daniel's parents, Mark and Julie Jame helped his trip, the police launched an investigation but it has been decided that there is no public welfare and enough evidence (Paralyzed Player, 2008). Daniel's parents were not judged with assistance of Daniel's death although he was young and he was not a terminally ill patient (Srinivas, 2009). The policies of all inquiries in relation to suicide tourism cases encountered are similar (Foster 2014).

In January 2002, a 74-year-old guy with motor neuron disease, named Reginald Crew died of barbiturate provided by the Dignitas organization after the trip from Liverpool to Switzerland for assisted suicide. It was seen that during his death, his wife and a TV crew accompanied him. After the death, a controversial TV program was organized (Revoll, 2003) and this event led calls for the legitimate of the assisted death and euthanasia renew in the UK (English et al., 2003; Otani, 2010).

The emergence of tourism as an industry of death, the international debate regarding the legalization of physician-assisted suicide and euthanasia has been raised. Indeed, it is observed that many countries have recently begun to take steps to solve this problem (Safyan, 2010).

Attitudes of Countries Towards Suicide Tourism

Although everyone has strong opinions about life termination procedures, real-life stories of those confronted with the decision, is to obstruct everyone that is part of the debate (Srinivas, 2009).

Assisted death is legal in Switzerland, the Netherlands, Belgium and the state of Oregon of America (Pathak et al., 2009). On April 10, 2001 Netherlands became the first country with

laws concerning the killing the voluntarily patients through euthanasia. On May 16, 2002 it was followed by Belgium in legalizing euthanasia (Oduncu, 2003). Active euthanasia was legalized in Luxembourg in 2009 after the Netherlands and Belgium (Otani, 2010). One of the requirements of euthanasia practices is the presence of close doctor-patient relationship in Dutch. Therefore, doctor can euthanasia a patient who is residing only in the Netherlands, is followed by long-term and is given care closely. This limitation means prohibition of 'euthanasia tourism' from other countries (Oduncu, 2003). Netherlands Health, Welfare and Sports Minister has stated it would not be possible for the Netherlands for the question of "Can patients from other countries come here for euthanasia?" as the patient is required to endure unbearable pain, there is no hope for healing and close doctor-patient relationship is required (Safyan, 2010).

Looking at the current situation in the Netherlands and in the United States, it is seen that active euthanasia and physician-assisted suicide are allowed legally in 'developed' countries intended for euthanasia (Otani, 2010). In contrast to these countries, there is no explicitly legal regulation with the assisted suicide in Switzerland. Instead, there are some laws that contain the rule of suicide (Gauthier et al., 2014). Medical Professionals codes allow assisted suicide under some circumstances such as being at the last of the patient's life or a terminal period (SAMW Swiss Academy of Medical Science: Guidelines: End-of-life-care). In assisted suicide, the most commonly used drug is sodium pentobarbital which can be prescribed under definite circumstances (Gauthier et al., 2014).

The situation is slightly different for Australia. An Australian, who traveled to a country where suicide is legal, will not have committed an offense under Australian law. However, for the ones who accompany the patient with the intention of help, aiding and abetting a suicide case is concerned. So as to get this service, travel span to get from Australia to Zurich is at least 22 hours flight and the someone else will certainly be needed for the trip as assistance for the journey is necessary (Callaghan, 2011). In Australia, criminal responsibility still continues for the ones who sign the appropriateness of travel documents, medical doctors prescribing these drugs and individuals who accompany the patients with the intention of help. Death tourism in Australia is still a dangerous activity for all parties concerned (Callaghan, 2011). According to the existing law on permissible place of death perhaps can be described as an action that can be purchased legally (Pathak et al., 2009).

The prevailing opinion in India is not the legalization of assisted suicide. The probability of opening a gray area in various fields for profiteers is considered. There are concerns that the assisted suicide may turn into "legal sword in the hands of Satan". On the other hand, it is considered that it will nurture the roots of crime and corruption that are not less, at all. Therefore assisted suicide, neither ethically nor legally seems possible in a country like India (Pathak et al, 2009).

Any type of euthanasia is illegal in Turkey. Euthanasia is strictly forbidden according to the regulations of medical deontology and patients' rights regulations (Medical Ethics Regulations). However, the patient has the right to refuse treatment and stop it (Hasta Hakları Yönetmeliği, Resmi Gazete 01.08.1998).

Discussion and Conclusion

Initially, products and services which are not dependent on tourism are now being owned by major tourist areas. For the substructure of the tourism sector there are economic benefits from assisted suicide trip, though, theoretically it is not just purchasing and consumption of a product (Higginbotham, 2011).

Political decisions regarding the termination of life are sensitive as they require taking into account some important inputs such as morality, human dignity, medical ethics and religion (Srinivas, 2009). According to the findings of analytical comparison, assisted suicide will exist just as a phenomenon in medical tourism and tourism sector (Higginbotham, 2011). Assisted suicide is suitable for neither entertainment nor tourism as an application of social psychology approach. Unlike assisted suicide may be an antithesis of medical and health tourism (Higginbotham, 2011). In fact, doctors do not pull the trigger, though, the common perception of people is that it is almost equivalent to murder (Pathak et al., 2009). The World Health Organization describes the health as not only disease and absence of disability but also as physically, mentally and socially a complete well-being of an individual (WHO Constitution). Assisted suicide trip is escaping from world in which the individual live to an alternate world rather than being physical and psychological wellbeing (Higginbotham, 2011). Assisted suicide is a one-way ticket whatever the opinion of the people about legality or morality and is never equivalent to a holiday that contains some irresponsible entertainment activities (Safyan, 2010).

Bets on death tourism is very large, life and death are not a matter of choice that is the side of the route so to say. While cross-border law is efficient to dissuade some crimes such as child sex tourism, it is ineffective here as the type of the crime is the offender's escape (Srinivas, 2009).

There are two options for the politicians to prevent international and interstate death tourism: cross-border law and travel restrictions. Travel restrictions that cross-border law will exist between the states and local ban will be valid for residents of the country should be put into practice. To evaluate concerns about death tourism, Anglo-Swiss experience can be studied. As the only country to ratify assisted suicide without residence is Switzerland, ban on travelling to Switzerland should be aimed for anti-death tourism (Srinivas, 2009). Sir Edward and Lady Joan will be neither the first nor the last couple performing their desires to die together with. The fact that a physically healthy young man buys a train ticket to a neighboring country prior to a short term severe depression and the risk that he can convince a clinic employee to terminate his life should be taken into consideration (Safyan, 2010). As long as the international regulations are not accomplished, this one and similar examples will increase.

The number of studies on suicide tourism is quite low. In some studies ever done on the subject the prohibition or permission of this practice is not addressed. England makes assisted suicide of Switzerland out source. Current British laws refrain from confronting the freedom or ban subject. However, it is impossible to prevent some debates about freedom or prohibition in some exceptional cases related to travels conducted to Zurich (Foster, 2014).

Every human life has a natural living tendency. When human life is in danger body mobilize all the mechanisms that will allow the body to remain alive independently of the individual's

request. For this reason, euthanasia is an attack on all of these natural mechanisms that keep us alive (Gay-Williams, 1992). With the development of medical and technology, thinking of treating a disease to be completely impossible has also shown that it is a mistake. The treatments of many fatal diseases of the past are currently available. Because if this practice had been employed for every patient group that was considered to be incurable, current treatments of many diseases would not have been studied and remained uncovered.

The medical community should develop the concept of palliative care to give patients humane care prior to legalize euthanasia. The establishment of hospice system is important and necessary. Hospice care aims to comfort the patients on their terminal days left and dignified and decent death (Aydođan and Uygun, 2011). Increasingly supporting the work to be done in this area is vital. From the old days, in the context of voluntary euthanasia, main argument that has been put forward against euthanasia is that euthanasia is legal in just one country. That the euthanasia is legal in even a country will let people come from neighboring countries to take the advantage of euthanasia and will cause euthanasia tourism (Mahmood, 2008). The concept of euthanasia is a slippery slope. The cooperation of medicine, religion, sociology and many related disciplines at international level will be required in finding a solution worthy of human dignity and in finalizing these debates. Cases of suicide or death should never be considered as a tourism activity.

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